			u	Inderthel ^a aperwork/Reductio	1Actol 1993no	U.S personsarenquirectorespon	Approved for us Patent and Trademark Office obscollections/informationum	PTO/SB/17 (07-4 e through 0.1/3.1/2007 OWB 0651-00 U.S. DEPARTMENT OF COMMER lesstdupt ayuzvals CD/Sicortrol urb	G2 CE
				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/660,141					
FEE TRANSMITTAL			Filing Date					_	
for FY 2007			First Named Inv	sentor	Sebastien Perrot			_	
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name		Anthony S. Addy			-	
TOTAL AMOUNT OF PAYMENT (\$) 810			Art Unit	-	2617				
			Attorney Docke		PF030065				
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
☑ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments ☐ Under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION	1011710 2	136.							_
BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING	FEES	SE	ARCH FEES			ATION FEES		
	- (0)	Small Enti			Entity		Small Entity	· · · ·	
Application Type	Fee (\$) 310				(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)	
Utility	210	155 105	510 101			210 130	105 65		
Design Plant	210	105	310			160	80		
Reissue	310	155	510			620	310		
Provisional	210	105		0 253		0.20	0		
2. EXCESS CLAIM FE		105	,	, ,		U	-	Con all Entitu	
	E5							Small Entity	
Fee Description Each claim over 20 (inc	Inding Re	icones)					Fee (\$) 50	Fee (\$) 25	
Each independent claim			sues)				210	105	
Multiple dependent claims							370	185	
Total Claims		Claims	Fee(\$)	Fee Paid	\$)			Dependent Claim	
20 or HP=		_ x					Fee (\$)	Fee Paid (\$	2)
HP = highest number of t									
Indep. Claims		Claims	<u>Fee(\$)</u>	Fee Paid	<u>\$)</u>				
- 3 or HP= HP = highest number of i		_ x		. —					
-		t claims paid for	, ii greater trian s	3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S								Fee Paid (\$)	
100 = / 50 = (round up to a whole number) x =									
OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
N D P. C.	10	6120.6		-	1010 110	,		Fees Paid (\$)	